Microbiology/Virology Test Requisition

Bureau of Laboratories Michigan Department of Community Health

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909

	,,													formation 517-335-8067 Web: HTTP://www.Michigan.gov/mdchlab											
Date Received at MDCH MD0													DCH Sample #												
SENTINEL PHYSICIAN SUBMITTER INFORMATION										ENTER EPIC CODE IF KNOWN >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>															
Return Results to:									Phone																
										(24/7)															
CONTACT PERSON/ REFERRING PHYSICIAN/ PROVIDER NAME										ONAI IDEF	R			<u> </u>											
PATIENT INFORMATION - NAME (LAST, FIRST, 1												OR U	NIQUE	IDEN	TIF	IER)	Mus	t Matc	h Spo	ecimer	Label E	Exactly	1		
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SUBMITTER'S PATIENT # - IF APPLICABLE																									
PATIENT'S CITY-RESIDENCE											ZIP CODE							GF	END	ER	□ Fem	ale 🗆 N	Male		
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		Slide/Cul		_		n					. tracho							500 			_				
													ral Mucosal Transudate 2610 □ Mumps IgG												
	0102 □ Fungal Identification - Cultural Isolate 2100 □ Syphi												- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1												
													STP-PA (Must have prior MDCH approval) ² 2740 □ HBsAg complete # 1 on Reverse												
												rpes Simplex Virus - Culture 2745 ☐ Hepatitis C Screen bella IgG 2760 ☐ HBS – ANTI (Anti-HBs)													
										2500 □ Rubella IgG 2760 □ HBS − ANTI (Anti-HBs) 2515 □ Fungal Serology Comp. Fix. 2810 □ Rabies AB Serology Complete #3															
0551 □ Enteric Examination 2515 □ Ft 2350 - Respiratory Panel - Culture												☐ Other-Specify Test Code/Name:													
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DATE C	OLLECTEI)										TIN	IE COLLI	ECTED								A.M.	P.M.		
□ Dre	onahial	□ Coo	terio						CATE S	SPEC	CIMEN S			V		⊐ I Isi	na			⊐ W/b.	olo Dlov	s.d			
□ Bronchial □ Gastric □ Plasma □ Convir □ Nacopharyngool □ Samun										☐ Sputum ☐ Urine ☐ Throat ☐ Food - Specify:									□ Whole Blood						
□ Cervix□ Nasopharyngeal□ Serum□ CSF□ Oral Mucosal Transudate□ Stool										☐ Urethra Upper Respiratory Tract Specimen															
SERUM STATUS - If Applicable										t		² MDCH Prior Approval Given By:													
BEK	J1 V1 () 1 F	ASON BELOW																							
□ Dia	agnosis		urveilla	nce	□ Sus	pecte	d Outb																		
□ Oth	ner – Sp	ecify:																							
STD* □ Symptoms □ Prenatal Visit □ Infected Partner □ Partner Risk □ History of STD (< 3years) □ Age recommended for Testing □ "Plan First!" Client □ Medicaid other than Plan First □ Retest																									
	OUTBREAK IDENTIFIER (Foodborne ONLY - If Applicable)												ORGANISM SUSPECTED (If Applicable)												
								-																	

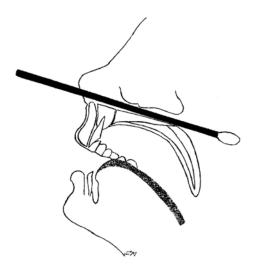
DCH-0583 June 5, 2008 By Authority of Act 368, P.A. 1978

INSTRUCTIONS FOR THE SUBMISSION OF INFLUENZA SPECIMENS FROM SENTINEL PHYSICIANS

Michigan Department of Community Health Michigan.gov/mdchlab

Freeze coolant provided upon receipt of this Unit!

- 1. Complete a test requisition for **each** specimen submitted. More than one properly packaged specimen may be submitted in each shipping unit.
- 2. Place test requisition in the plastic bag provided to protect it from moisture.
 - Note: check outdate on viral transport. If outdated do not use. Request replacement by calling 517-335-9867.
- 3. Wash hands. Put on gloves; consider mask and eye protection.
- 4. Explain the procedure to the patient.
- 5. Select an unobstructed nostril by evaluating the following:
 - a. Can the patient breathe out of both nostrils?
 - b. Has the patient ever had an injury or surgery to the nose?
 - c. Perform a visual inspection for evidence of a deviated septum.
- 6. Provide the patient with tissues. Instruct them to blow their nose to remove mucus. A second tissue may be needed for watery eyes.
- 7. Position the person's head leaning gently back (about 70°) against a wall.
- 8. Aseptically remove the sterile swab from package.
- 9. Hold swab lightly between the thumb and index finger thus allowing a quick release in the event the patient moves.
- 10. Place the swab in the nostril and gently follow the septum beyond the external nares. If any resistance to insertion occurs, **STOP** immediately to prevent injury.
- 11. In an adult, the swab should be inserted 4-6 cm or approximately 2/3 of the length of the swab.
- 12. Rotate the swab gently in place for a few seconds to absorb cells.
- 13. Withdraw the swab and insert into transport medium vial. Rotate swab in the transport medium. **Express swab** by pressing against the side of the vial. **Discard swab** properly.
- 14. Tighten cap securely on transport medium.
- 15. Label the vial with the same name/unique identifier used on the test requisition. Record the name/unique identifier, as you will use it to link to specimen result to the patient.
- 16. Remove personal protective equipment and wash hands.
- 17. Refrigerate all specimens **DO NOT FREEZE** until ready to ship by the most rapid means to the laboratory. Ship specimen the same day collected, if possible. If you don't think specimen will arrive at the lab less than 48 hours after collection, freeze it at –70 degrees C and ship on dry ice, if feasible. **Do not use wet ice!**
- 18. When ready to ship, place properly labeled specimen vial, **wrapped in absorbent material such as paper towel or tissue**, into aluminum screw-capped can and secure cap with tape.
- 19. Place the aluminum can into the cardboard screw-capped can provided and secure cap.
- 20. Complete the U.S. Express Mail Shipping Label and apply it along with the U.S. Express Mail Corporate Account Stamp and the Biological Substance label to the corrugated box containing specimens in the screw-capped can, refrigerant, test requisitions and Styrofoam container.
- 21. Either call the 800 number listed on the shipping label for pickup, your local post office or take box directly to the closest U.S. Post Office. If there are any questions contact the Bureau of Laboratories at 517-335-8067.



NOTE: The shipper is responsible for being sure that their package is in compliance with the current shipping regulations.

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